



Administrative Simplification Committee

March 12, 2013

Meeting Minutes

The fourth meeting of the Bayou Health Administrative Simplification Committee was called to order by Jen Steele, committee chair.

Committee members introduced themselves to others in attendance. In attendance were: Jen Steele, Kellea Tuminello, Yolanda Spooner, Jay Messeroff, Natashia Sanders, Kevin Bridwell, Monet Faulkner, Alesia Wilkins-Braxton, Stewart Gordon, Greg Ivey, Kevin Campbell, Kyle Viator, Suzanne Pierce, Greg Waddell, Margaret Morgan, Marcus Wallace, Shan McDaniel, Doug Boudreaux, Angela Olden, Amanda LaCombe, Casey Tompley, Melissa Bezet, Erika Williams, Destiny Rohmfeld, Jode Burkett, Michael Magee, Jackie Porta, Stacey Jackson, Ashley Politz, Laura Veazey, Berkley Durbin, Felicity Myers, Marie LeBlanc, Sonya Nelson, Kevin Maddox, Beverly Snell Thomas, Scott Thevenot, Edwina Jones, and Leslie Saba. Present on the phone were: Rebecca Hebert, Deborah Sorden, Gail Williams, Hexter Bennett, Amanda Caire.

January Meeting Follow Up Items

Jen Steele began the meeting by discussing the action items taken from the last Administrative Simplification Committee held on January 8, 2013. The items discussed are listed below and separated by the responsible parties.

a. DHH – Bayou Health

- **Prism Enrollment and ACA Attestation Form** – To help distinguish between the PRISM enrollment and the ACA attestation form, DHH provided a copy of the PRISM and ACA clarification that was posted on the prism portal. The clarification is available online at <http://prism.la.gov/Pages/PRISM-ACA-Info.aspx>.
- **Effective Date for enhanced Reimbursement under ACA** – Jen Steele stated that this date will be determined based on the date the Designated Physician form was received by PRISM. The effective date will be determined once PRISM has validated the information provided on the form. That validation has not yet occurred but will occur before the data is transferred from PRISM to Molina for payment purposes. Currently, the attention is focused on getting the forms in to Provider Enrollment.

- **Volume of Attestation received** – As of March 8 there were approximately 834 received.
- **Grievance, Appeals, and Complaints** – Reported during the meeting is that the reports are inconsistent. DHH's will get with the plans for clarification on the rights in state fair hearing. Recommended during the meeting was to have a workflow with the appeal, grievance and complaint process. Jode Burkett with Bayou Health will work on establishing the workflows.
- **TPL Process** – When there is a primary carrier, it would be helpful to indicate the TPL carrier code. Jackie Porta with DHH TPL stated that the CP025 indicates the TPL carrier code. This carrier code should also be on MEVS, however, MEVS does not show carrier code in some cases. Shan will provide examples. To help clarify the TPL process Jackie provided steps taken when a Medicaid eligible has a private carrier.
 1. Plans send TPL information to Molina
 2. Molina sends a file to HMS. HMS verifies for the Shared Plans.
 3. HMS sends file back to Molina.
 4. Molina sends a file to Maximus (daily file).
 5. Maximus sends the file to the plans (weekly file).

During the meeting Greg Ivey asked where should providers send TPL corrections as it seems like there is a break down in the process? Jackie stated that paper forms can be sent straight to HMS. HMS has 5 business days to process, however, in an emergency case HMS has 5 hours. Jackie will get with Bill Perkins regarding the turnaround regarding this process.

Berkley Durbin discussed the issue of the retro assignments on newborns as this is an issue for audit purposes. Claims of newborns during the implementation of Bayou Health had to be manually linked to a plan. Darlene White with Bayou Health will send an email that will explain the process on how DHH will proceed. DHH will take into consideration the fact that some claims will fall into a timely filing situation. This issue will also be addressed in the process. The process will be sent to Executive Management for approval.

- **Immunization Update** – DHH provided a copy of the fee schedule which noted which codes are the Vaccine for Children (VFC) codes. The committee would like the fee schedules for 19-20 and 21 and older updated for accuracy including VFC. Greg Ivey mentioned that OPH sent a letter out stating that they will cease to provide childhood immunization services at all Parish Health Units. With this re-structuring there will be a need for more vaccines to private providers. Providers may not be able to keep up with the meds with the 2012 vaccine order management system. This order is resupplied based on usage. If the data does not get into the system correctly, the system will freeze the entire months order. Bayou Health will get with OPH to discuss.

- **RUM** – DHH provided copies of the Health Plan Advisory and Remittance Advice regarding RUM.

b. LHA

- **Prior Authorization** – Monet Faulker stated that the Prior Authorization process has improved. She addressed the concern from LHA that notices of authorization from the plans are not consistent. She request that the plans use a template that will be standard for all the Bayou Health plans. Since all plans do authorizations differently, having a form will help save work and would save a lot of phone calls back and forth. Standardization of the authorization notices with the required elements are listed below:
 1. Member Name
 2. DOB
 3. Member ID/Referral #
 4. Authorization/Certification #
 5. Authorized period with approval for IP and OBs
 6. Number of days Authorized
 7. Service Requested
 8. Next Review Date
 9. Contact Name and Number.
- **Laboring Days** – Requirement for labor days are inconsistent as well. One plan requires clinical information about laboring day. If the provider does not send this information the plan will deny. Jen recommended contacting the plan to discuss this issue since it is a plan specific concern. Information Bulletin 12-27 provides Medicaid providers the contact names of each plan in the event a provider has questions, comments or inquiries.
- **Interqual vs. Milliman** – Some plans send providers to the Medicaid Director to make review which defeats the purpose of Interqual. Since this is a plan specific problem, DHH recommends contacting the health plan to resolve.

c. Health Plans

- **Pharmacy Formularies** - Health plans reported that their formularies are searchable and alphabetically. Ashley Politz with American Academy of Pediatrics stated that she can post a PDL of the Prepaid formularies on their website – www.laaap.org.
- **Pharmacy Form** – Amanda Caire, Pharmacy Director, will work with the plans to establish a work group.

d. Shan McDaniel

- **Ultrasound limits** – Shan recommends each plan to provide better communication on OB billing for example ultrasound limits. List specialties on fee schedule. DHH will respond to Shan's list she provided to DHH.

Other Items

- Are the plans required to pay what is on the Medicaid fee schedule?
- Are the plans required to pay for the first 30 days in or out of network providers for newborns? According to Informational Bulletin 12-5, the Health Plan is responsible for covering all newborn care rendered by **contract network providers** within the first 30 days of birth regardless if provided by the designated PCP or another network provider.
- Update regarding NCCI edits. Medicaid will not load. LaCare is working to deactivate.
- Can the Health Plan Advisory's be published to the providers?

From the discussion, action items for follow up for the next meeting were identified:

1. Workflow for Grievance, Appeals and Complaints.
2. Fee schedule for ACA
3. Turnaround time for TPL.
4. Darlene White's email on timely filing on the retro assignment of newborns.
5. OPH policy on vaccines.
6. Billing instructions on vaccines.
7. LHA prior authorization form.
8. DHH to send Greg Ivey's suggestions regarding Pharmacy.
9. Plans to send Jen Steele contacts for Pharmacy.
10. Are plans allowed to deny codes on the Medicaid fee schedule?
11. DHH to request response to Shan McDaniel's handout from plans.
12. Will DHH publish the Health Plan Advisory's for the providers?

Meeting adjourned.